

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|---------------|----------|------|------------------------------------|------|------------------------------------|------|
| | INO. | DEP. | INO. | DEP. | INO. | DEP. |
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| TOTAL INO. | 2 | | | | | |
| TOTAL DEP. | 17 | | | | | |
| 19 | 1 | 1 | 1 | 1 | 1 | 1 |

| | INO. | DEP. | INO. | DEP. | INO. | DEP. |
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| TOTAL INO. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL | 1 | 1 | 1 | 1 | 1 | 1 |